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MN020901. Medical Corps Celebrates 131st Anniversary  
By Aveline V. Allen, Bureau of Medicine and Surgery  
WASHINGTON, DC - The Navy's Medical Corps, 5,200 active duty and Reserve members strong, will celebrate its 131st birthday on Mar. 3, and two important initiatives they will take on in the next year is increasing caps on special pays and implementing sabbaticals.

According to CAPT John W. Sentell, MC, deputy chief of the Medical Corps, military pay for Navy physicians is not equitable to that of its civilian counterparts, leading to attrition from military service.

"We have many special pay initiatives up for legislative review," said Sentell. "Military physician pay has not kept up with the private sector and has not changed significantly for over 12 years. We are hoping to increase incentive special pay to \$45,000 per year and other pay by 25 percent."

Increasing special pay is not the only big goal for the Medical Corps. Establishing sabbaticals for physicians is a major priority.

"Sabbaticals will give physicians, especially women, more stability in their careers and allow the Medical Corps to be more flexible to their needs," said Sentell. He adds that although this is a goal that is being worked on for all physicians, it may be particularly advantageous to women who may wish to take time off when starting and caring for their families.

Developing leadership and attracting and retaining quality physicians is also a goal for the next year.

"We will continue to attract and retain quality individuals in support of homeland security and the initiatives set forth by the Surgeon General of the Navy," said Sentell. "Currently, we have 94 percent of our eligible physicians board certified."

Enhanced communication and integration with Reserve medical forces is also an important goal.

"Presently, we are identifying individuals to be Reserve specialty leaders, which has never been done on the Reserve side of the house," said Sentell.

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MN020902. Navy Medicine Initiative Makes Birthing A Family Affair  
By Brian Badura, Bureau of Medicine and Surgery

Military families having babies at Navy treatment facilities will see radical changes from the way previous babies were delivered. Instead of a compartmentalized, sometimes stark and sterile event for mother and newborn, Navy Medicine hopes to make birthing a comfortable and wholesome experience for the entire family.

Under the new Family Centered Care Program, changes will be noticeable in almost every facet of the childbirth process, from preconception to postpartum care. Family concerns will be paramount, as Navy healthcare providers design birth plans that meet the needs of their patients. Mothers, fathers, siblings, and other family members will become active, educated participants every step of the way.

"We must realize that the birth of a child is the most important event in a family's life, and we must understand that we are invited guests for this wonderful event," said CDR Martin McCaffrey, MC, Navy specialty leader for neonatology and chairman of the Perinatal Advisory Board, which is spearheading Family Centered Care. "We must also realize that there is no other period like a pregnancy where a family is so focused on health."

With Family Centered Care, parents will be assisted in educating themselves about their new baby and his or her care. Families will have a private room throughout labor, with newborns staying in the room with their family after delivery.

Nursing staff will be cross-trained in all areas of childbirth to enable them to care for a mother and infant, and develop a more personal relationship while following a family's progress.

The Perinatal Advisory Board is working closely with Surgeon General VADM Michael L. Cowan, MC, toward meeting family satisfaction needs and embracing the best practices of many civilian medical facilities.

How Navy facilities implement Family Centered Care will vary depending on budgets, construction and other infrastructure limitations. The medical and family-center practices, though, will be standardized throughout the Navy.

"As long as facilities have the program in place, mothers should receive the same level and type of care no matter where they give birth," said LT Gina Savini, MSC, program manager of the Perinatal Advisory Board. With more than 20,000 babies delivered in Navy facilities each year, this should be welcome news for families and caregivers alike.

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MN020903. Navy Medicine Pentagon Distinguished Responders Honored  
By HMC(FMF) Michael D'Amico, DiLorenzo Tricare Health Clinics

THE PENTAGON, Arlington, Va. - Even as repair and rebuilding continues at the Pentagon, Navy Medicine personnel are being lauded for their response in the aftermath of the Sept. 11 act of terrorism on the building.

Army Maj. Gen. Harold L. Timboe, MC, North Atlantic Regional Medical Command, presented medals to the tri-service staffs of DiLorenzo TRICARE Health Clinics at the Pentagon and Arlington Annex in recognition of their response to the aftermath of the Pentagon attack.

While Pentagon Clinic personnel were providing in-building triage, the Arlington Annex personnel stationed at the Navy Annex less than a mile away, responded by setting up a triage center in a nearby gymnasium. Within 30 minutes, several patients were triaged, treated and transported for smoke inhalation and severe burns. They also did yeoman's work in arranging logistical support for incoming casualties.

In the 24 hours that followed the attack, a command center was set up

at both clinics, and Navy medical personnel supported Battalion Aid Stations located at both the crash site and the Pentagon's North Parking. They provided medical assistance to the military units, civilian rescue units, FBI, Secret Service, ATF, and other government agencies on the scene.

Receiving medals were: HM1 Rolando Arce; CDR Stephen Archer, MC; HM1 Antonio Armstrong; HM3 Xerik Bell; HM2 Paul Chavez; HM2 Scott Chowaniec; HMC Michael D'Amico; LT Keisha Elder, MSC; CDR Sawsan Ghurani, MC; HMC Howard Gorder; LT Kristen Green, NC; HM1 Bernardo Harris; HM3 Anthony Hougan; HM3 Michael Ingram; LT Kevin Kelly, MSC; LTJG Kwang Kim, MSC; LT Kathleen Maas, MSC; LTJG Alejandro Mata, MSC; HM1(AW) Joseph McCain; HM3 Christi McCall; CDR David McClean, MC; HM2 Christopher Rife; HM2 Theresa Somers; HM1 John Stevens, HM3 Vanthanrat Tapanya; HM2 George Terry; HM1 Jackie Turpin; HN Fernanda Velazquez; HM3 Regina White; and HM1 Steven Wood.

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MN020904. Lemoore Expands Patient Services, Wins Praise  
By LT Don Capoldo, MSC, Naval Hospital Lemoore

LEMOORE, Calif. - Naval Hospital Lemoore's family practice, pediatric and OB/GYN clinics have added services that are making care access easier - and it's winning praise from patients and providers alike.

"Our goal is to provide the best healthcare to beneficiaries," said CAPT Christine Bruzek-Kohler, MC, commanding officer, Naval Hospital Lemoore. "The changes in our primary care clinics and OB/GYN clinic will make it easier for our customers to get the care they need, when they need it."

As a father and a physician, LCDR Ben Lee, MC, head of the family practice clinic, understands his customers' needs.

"When someone is not well, they want to see their provider that same day," said Lee. "That's why we're utilizing an open access appointing system now. If a patient calls central appointments and wants to come in that day, we'll see them - that day."

The new system leaves the bulk of appointments open for same day booking for Lemoore's TRICARE Prime customers to meet patient needs quicker.

"We're finding that it's a good mix because where most patients are requesting (and getting) same-day attention, there are many procedures that cannot be performed immediately. For that reason we still will book advance appointments for our patients," said Lee. "Our customers seem to like the change, and that is what we are here for."

Like it, indeed. Since the initiative was begun just weeks ago, Lemoore has received more than 250 written positive comments from satisfied customers.

Open access isn't the only new customer-friendly initiative Lemoore is embracing. Parents are welcoming after-school appointments for their children at the family practice and pediatric clinics.

"These clinic hours may alleviate the need for daycare or may mean the difference between getting to the clinic and not making it at all," said LCDR Christina Howard, NC, a nurse practitioner at the family practice clinic. "We've been offering these hours for the past few weeks and as the word gets out, we're getting more and more people."

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MN020905. Black Female Doc Reflects On Being "First"  
By Aveline V. Allen, Bureau of Medicine and Surgery

YORBA LINDA, Calif. - "It was a very overwhelming and humbling experience to be in that kind of position," said CAPT Donna P. Davis, MC, as she reflected back on April 25, 1975, when she became the Navy's first black female physician.

Davis remembered the lights and cameras that accompanied that milestone day in her life at the Navy Recruiting District headquarters, Jacksonville, Fla.

"I remember there being a lot of media there, and people were very heartwarming and friendly," Davis said.

One of the highlights were people coming up and introducing themselves after seeing her picture on the front of Navy Times, a military-oriented newspaper, and on television and in other newspapers.

There were many deciding factors that led her to pursue a career in the Navy. Davis was looking for a career with stability and "structure," yet still offered freedom to travel to different parts of the world. And, there were other reasons.

"In the Navy, I found an attractive benefits package, offering opportunities for advancement, fixed vacation and retirement, which were not found in private (medical) practice at that time," Davis said.

Davis finds it encouraging that there is a broader opportunity for people of color in the Navy now. She said she has seen positive changes for blacks and other minorities as time has progressed.

"You definitely see more higher-ranking people of color in the Navy now than before," Davis said.

To increase the number of minorities in the Navy, Davis believes the Navy should have more visibility in those communities.

"I'm not sure the black community is aware of the opportunities available to them in the Navy," said Davis. "Maybe the Navy needs to be more pro-active in recruiting blacks."

She believes one option is to have recruiters conduct outreach programs in black communities, as well as promote blacks in Navy television advertisements and commercials.

"Navy recruitment efforts should include television ads that show a well-rounded group of people being represented, to include blacks, both enlisted and officers," said Davis. "Having a high-ranking black officer speaking to a wide range of the population would be good."

Turning her thoughts to the Navy's efforts at Force Health Protection, in the aftermath of the Sept. 11 terrorists attacks, she is 110 percent in favor of the goals to be achieved with this effort.

"This is something that is long overdue and has brought us, persons of all colors, to a level of awareness that will bring us unity, togetherness and appreciation for all of the wonderful things that we have in this country that we should strive to continue and protect," said Davis.

Davis left active duty to start her own practice in 1998. She now has a family practice in Yorba Linda. She remains a member of the Naval Reserve.

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Editor's Note: February is Black History Month.

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#### MN020906. Nurse Corps Member Saves Neighbor From Fire

FORT MCPHERSON, Ga. - The good news: LCDR Joseph Cosentino Jr.'s house wasn't on fire. The bad news: His neighbor's house was, and there was a chance people were inside.

"As I drove onto my street, I could see smoke pouring out of the dormers and flames along the roof. I knew Neil (Arnold) was at work this time of day and that Pam (Arnold) often watched her 2-year-old nephew at home or took him on outings, but when I saw their son's truck in the driveway, I became very concerned," said Cosentino.

He called 911 on his cell phone as raced up to the front door, feeling it for heat before banging on it. He could hear the smoke alarm sounding

inside, most likely from a battery backup since the doorbell didn't work.

"I kicked the door open and started yelling, 'Fire, fire, fire!' and 'Is anybody in here?' said Cosentino. "I couldn't see anything but smoke from floor to ceiling, and the bright orange glow of fire along the wall."

Confused, disoriented and blinded by the thick smoke, Andy Arnold, 21, staggered toward the sound of Cosentino's voice. He had been asleep in the basement after having worked the night shift.

"Once Andy was outside, I introduced myself because we had never met," said Cosentino.

Cosentino then went into action to prevent the fire from spreading from the house. He grabbed a neighbor and they moved Andy's truck. The two then turned their attention to burning dry grass and leaves that, fanned by winds, was spreading the fire across the yard.

When the first fire trucks arrived, he took on the job of helping with the fire hoses, a familiar task, thanks to his shipboard firefighting training.

"Within minutes five fire engines, two ambulances and six police cars were on the scene," said Cosentino. Despite their help, the fire consumed the house within 20 minutes and collapsed into the basement where Andy had been sleeping just minutes before.

Neil and Pam Arnold arrived to see their home burned down, but their son alive.

Cosentino, who is the director of the Fort McPherson Joint Regional Medical Planning Office at U.S. Army Forces Command, downplayed his part in the rescue, but said it was an important life reminder.

"In that moment, I was reminded once again that everything happens for a reason, and that life is very, very precious," said Cosentino.

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#### MN020907. Pearl Harbor Holds Force Health Protection Fair

By Barbara L. Day, Naval Medical Clinic Pearl Harbor

PEARL HARBOR, Hawaii - Naval Medical Clinic Pearl Harbor reached beyond its walls recently to do its part in protecting the Fleet. The clinic sponsored a Force Health Protection Fair on Naval Submarine Base Pearl Harbor, providing information ranging from alcohol and cancer awareness to sexual health.

Force Health Protection is a major focus of Navy Surgeon General VADM Michael L. Cowan, MC, and is designed to protect and sustain the Navy's most important resources - Sailors and Marines and their families - from all health and environmental hazards.

Fair attendees had their cholesterol tested, and blood pressure and body fat measured. The Counseling and Assistance Center had an interactive "Drunk and Drugged Driving" demonstration that let volunteers "walk the line" while wearing fatal vision glasses that approximate intoxication. The cancer awareness booth provided information on testicular and breast self-examination and the importance of regular checkups to prevent prostate, cervical, and colon cancer, as well as tips to prevent skin cancer. "Mr. Gross Mouth," a model of a diseased mouth of a tobacco user, urged those who use tobacco to quit.

The fair included exhibitors from Environmental Preventive Medicine Unit 6, Naval Dental Command Pearl Harbor, Hawaii Health-Net Federal Services, Fleet and Family Support Center Pearl Harbor, Morale Welfare and Recreation Pearl Harbor, Counseling and Assistance Center Pearl Harbor, and Branch Medical Clinics Makalapa and Kaneohe Bay.

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#### MN020908. TRICARE Fiscal Year Catastrophic Cap Reduced For Retirees

The TRICARE fiscal year "catastrophic cap" has been reduced from \$7,500 to \$3,000 for uniformed services retirees, their family members and survivors. The cap is the maximum amount of out-of-pocket costs these beneficiaries are required to pay for medical care during a fiscal year (Oct. 1 through Sept. 30).

For active duty family members, the catastrophic cap remains \$1,000 per fiscal year.

The catastrophic cap reduction is retroactive to Oct. 1, 2000. Retirees, their family members and survivors who have paid more than \$3,000 out-of-pocket for TRICARE-covered services are eligible for reimbursement. The managed care support contractors will search their files and identify beneficiaries due refunds.

Beneficiaries who have saved their receipts and choose to initiate a request for reimbursement may do so by contacting their regional claims processor for guidance on where to submit their receipts and claims. It is not necessary for beneficiaries to resubmit claims already paid by TRICARE to qualify for reimbursement of the amount paid over the catastrophic cap.

For retirees, their family members and survivors enrolled in TRICARE Prime, there is an enrollment year cap. The cap begins on the anniversary date of enrollment in TRICARE Prime, and applies to all enrollees. Catastrophic caps, both fiscal year and enrollment year combined, will not exceed \$3,000 in a given 12-month period for retirees, their family members and survivors, and \$1,000 for family members of active duty members.

Once the catastrophic cap and enrollment year cap (combined) are met by TRICARE Prime enrollees, TRICARE will pay up to the TRICARE allowable amount for all covered services (excluding point-of-service charges which do not count toward the catastrophic cap).

For beneficiaries who are not enrolled in TRICARE Prime, TRICARE will pay up to the TRICARE allowable amount for all covered services for the remainder of the fiscal year after the fiscal year cap is met. Retirees, family members, and survivors remain responsible for the cost of all services and treatments received which are not TRICARE covered benefits.

Some beneficiaries mistakenly believe that the \$3,000 catastrophic cap is the ceiling on the amount that TRICARE will cover for a family during any given year; however, the opposite is true. The cap will protect retirees, their family members and survivors from paying more than \$3,000 out-of-pocket for medical care.

For additional information on catastrophic cap reduction, beneficiaries are encouraged to contact the nearest TRICARE service center or military treatment facility beneficiary counseling and assistance coordinators for assistance.

TRICARE benefit information is also available on the Military Health System/TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil), or by calling 1-888-DoD-LIFE (1-888-363-5433).

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MN020909. Healthwatch: Kidney Disease: Know The Warning Signs  
By Brian Badura, Bureau of Medicine and Surgery

Question: Which body organ filters more than 200 quarts of fluid every day? If you answered kidneys, you are absolutely correct. March is National Kidney Month, and, it's a time to remember that our kidneys play a vital role in overall health.

According to the National Kidney Foundation, four percent of the American population is at risk for kidney disease, yet most people don't even know they may be in danger.

"Unfortunately, kidney disease may be silent for many years," said William F. Keane, MD, president of the National Kidney Foundation. "Many

people may not be aware that they are losing kidney function until their disease reaches an advanced stage."

The kidney's main function is to act as a filter to remove waste products and excess fluid from your blood. As noted earlier, the kidneys process 200 quarts of fluid per day, with about two quarts leaving the body in the form of urine. Other key kidney functions include releasing hormones that help regulate blood pressure, controlling red blood cell production and making vitamins that control growth.

In the United States, uncontrolled diabetes and high blood pressure are the two leading causes of kidney failure. According to the NKF, together they account for about 60 percent of new cases of kidney disease reported each year.

"The most important thing people can do to help prevent kidney problems is to have their blood pressure checked regularly, eat a healthy diet and exercise regularly to maintain overall good health," said CAPT John Bestoso, MC, the Navy's nephrology specialty leader.

One of the primary indicators of kidney disease is an increase of creatinine in the blood. Creatinine is a protein produced by muscle. Diseased kidneys aren't as efficient as healthy kidneys in "clearing" this protein. Recent studies have also shown that 11 million Americans have elevated creatinine levels.

So what are some of the warning signs of kidney disease?

- Blood or protein in the urine
- High blood pressure
- A creatinine blood level greater than 1.2 for women and 1.4 for men
- Burning or difficulty during urination
- More frequent urination, particularly at night
- Puffiness around the eyes, or swelling of the hands and feet, especially in children

Early detection is critical in helping to maintain optimal kidney health. According to Bestoso, Sailors, Marines and other healthcare beneficiaries get a urinalysis screening to look for blood or high levels of protein, warning signs of possible kidney problems, as part of routine physicals.

The NKF also recommends that you get regular medical checkups that include tests of blood sugar and protein, blood pressure, and kidney function. Talk with your healthcare provider if you feel you may have some of the warning signs of kidney disease.

For more information on kidney function and other related topics, visit the National Kidney Foundation website at [www.kidney.org](http://www.kidney.org) <<http://www.kidney.org>>.

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